Schedule E)		PAGE 1 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New repo	rt Amends report filed	d on Man / Dab / Yayaya
Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination
		07 13 2014
Mailing Address 16005 7th St		Amount
City State 2	Zip Code	40.00
Pearlington MS	39572	Transaction ID: 15d1c41f-8ba9-4296-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disb 2014	ursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Warren Gravois		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16005 7th St		Amount
City State	Zip Code	1.95
Pearlington MS	39572	Transaction ID : bad7f50f-4065-4021-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	55514.95 Disb 2014	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	41.95
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Ms. Emily Buchanan [Electronic	cally Filed] Date	07 15 2014
Signature		

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed o	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Chris McCoy	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	50.00
High Point NC 27260	Transaction ID : 12c07d06-58ee-4354-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 13 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:  Primary
Full Name of Payee	
Chris McCoy	Date of Public Distribution/Dissemination  07
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	11.70
High Point NC 27260	Transaction ID : 62feebc3-172b-49eb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 13 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
Signature	

PAGE

OF

Schedule E)		TI EXI END			PAGE 3 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour repor	t X 48-hour report	New rep	Amondo ro	port filed on	M = M / D = D / Y = Y = Y
	46-flour report	New Tep	Amends rep	port liled on	
Full Name of Payee Amanda Boley				D	Date of Public Distribution/Dissemination
Mailing Address Split C	ak Drive			A	mount
City		State	Zip Code	— Г	30.00
charlotte		NC	28227		ransaction ID: 9fb8be32-5ba9-4e3e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	1	07 / 13 / 2014
Name of Federal Candi	date		Support	Office So	ought: House District: 00
Ms. Mary L Landrieu			X Oppose	Pre	resident Senate State: LA
Calendar Year-To-D Per Election for Of		7 1 1 7	55514.95	Disburse 2014	ement For: Primary X General  Other (specify) ▶
Full Name of Payee				D	Date of Public Distribution/Dissemination
Amanda Boley					07 13 2014
Mailing Address Split	: Oak Drive				
				A	Amount
City		State	Zip Code		21.60
charlotte		NC	28227	Tra D	ansaction ID: 3d551fd9-d41b-4f09-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002	2	M 07 / D D / Y Y Y Y Y 2014
Name of Federal Candi	date		Support	Office So	ought: House District: 00
Ms. Mary L Landrieu			X Oppose	Pr	resident Senate State: LA
Calendar Year-To-E Per Election for O		7	55514.95	Disburse 2014	ement For:
(a) SUBTOTAL of Itemiz	ed Independent Expenditu	res		···· •	51.60
(b) SUBTOTAL of United	mized Independent Expend	litures		···· •	
(c) TOTAL Independent	Expenditures			···· •	
with, or at the request or		late or authorized			in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Bı	uchanan	[Electron	nically Filed] Da	ate 07	15 2014
Signature					

Schedule E)	DENT EXTEND	HONES	<u> </u>	PAGE 4 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Danielle McCoy			07	13 / 2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		60.00
High Point	NC	27260	I	: 649a6bae-749c-494a-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / 07	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156874.78	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Danielle McCoy			07	13 / 2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		12.60
High Point	NC	27260		: 73c29049-541b-4d9a-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156874.78	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	72.60
			7	-7F7F
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 15	2014
•				

Schedule E)	LIVI LXI LIVI	SHORLS	PAGE 5 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 13 7 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: a4d11aa4-aa13-48e5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	55514.95	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	27.90
Ville Platte	LA	70586	Transaction ID: 494f71f4-e5d3-4738-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 13 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		55514.95	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		▶ 67.90
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			· ·
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scł	nedule E)	NDITOTILO		PAGE 6 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	ck if 24-hour report X 48-hour report New	report Amends	report filed o	on
	Full Name of Payee Sarah Nugent			Date of Public Distribution/Dissemination
ŀ	Mailing Address 2 White Oak Court			07 13 2014 Amount
L				
ľ	City State Searcy AR	Zip Code 72143		20.00  Transaction ID : a0adb6d9-0b2f-416f-9  Pate of Dishurament or Obligation
ľ	Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation  07  13  VY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t	Name of Federal Candidate	Suppo	rt Office	Sought: House District: 00
L	Mr. Mark L Pryor	X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	18577.19	Disburs 2014	sement For: Primary General  Other (specify) ▶
	Full Name of Payee Sarah Nugent  Mailing Address 2 White Oak Court			Date of Public Distribution/Dissemination  07 13 2014  Amount
-		7: 0 1		
	City State Searcy AR	Zip Code 72143	1	3.06  Fransaction ID: ef7aaa87-9b80-4720-9  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type	002	07 13 2014
	Name of Federal Candidate	Suppo	ort Office	Sought: House District: 00
	Mr. Mark L Pryor	X Oppos	se	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	18577.19	Disbur 2014	sement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures		······ <b>&gt;</b>	23.06
(I	b) SUBTOTAL of Unitemized Independent Expenditures		······ •	
(0	C) TOTAL Independent Expenditures		······ <b>&gt;</b>	
W	Inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.			
		etronically Filed]	Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Schedule E)	TI EXI END	TIONES	PA FO	GE 7 OF 17 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Reagan Brackett			07 / D	13 / 2014
Mailing Address 502 E Center Ave			Amount	
City	State	Zip Code		30.00
Searcy	AR	72143	Transaction ID : e Date of Disburser	ec4a15bd-91da-49c6-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D	13 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose	President X S	enate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	18577.19	Disbursement For:  2014  Other (specify)	Primary X General
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Amelia Brackett			M M / C	13 2014
Mailing Address 804 Roundabout Circle			Amount	
City	State	Zip Code		30.00
Searcy	AR	72143		d295f88-b41c-463d-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	13 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose	President X S	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	18577.19	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			60.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>)</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 2
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 15	2014
2.9				

Sched	lule E)	EXI END	101120		PAGE 8 OF 17 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check it	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full <b>Ar</b>	Name of Payee <b>nelia Brackett</b>				of Public Distribution/Dissemination
Mai	ling Address 204 Developed Oracle			- Iv	07 13 2014
Iviali	ling Address 804 Roundabout Circle			Amou	nt
City	,	State	Zip Code		11.70
Sea	arcy	AR	72143		action ID: 69768464-cb7d-498c-a of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	N.	07 13 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	18577.19	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Jo	on Linch				07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 6108 Harkins Ave			Amou	int
0:1-		04-4-	7'- O- d-		05.00
City Litt	tle Rock	State AR	Zip Code 72210	Transa	35.00 action ID : aeff8fac-bdae-4d92-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr.	Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	18577.19	Disbursemer 2014	nt For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditures	S		•	46.70
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electroni	ically Filed] Date	07	15 2014
Si	ignature				

Schedule E)	ENT EXILE	DITORLO	PAGE 9 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			07
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	8.10
Little Rock	AR	72210	Transaction ID : ee6012d1-3034-495a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18577.19	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			07
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	25.00
Lafayette	LA	70503	Transaction ID : d1e4484d-13a4-4924-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 13 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		55514.95	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		33.10
(b) SUBTOTAL of Unitermized Independent Expo	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Sch	nedule E)	EXI ENDI	101120				PAGE 10 OF FOR SE OF FORM 24	17 /48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMB	
W	omen Speak Out PAC					С	C00530766	
						M = M /		/
Che	ck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	W = W /		
	Full Name of Payee Francis Richardson				Da		Distribution/Dissemina	
	Mailing Address 220 Doucet Rd					07	13 / 2014	
ľ	Z20 Doucet Rd				Ar	mount		
-	City	State	Zip Code					1.86
	Lafayette	LA	70503				D: 21ec461e-a29d-40c	6-9
	Purpose of Expenditure Mileage		Category/ Type	002		07	13 / 2014	
ŀ	Name of Federal Candidate		<u>'</u>	Support	Office So	ught:	House District:	00
	Ms. Mary L Landrieu			Oppose				LA
	Calendar Year-To-Date Per Election for Office Sought		55514.95		Disburser 2014	ment For:	Primary	eneral
ı	Full Name of Payee				Da		Distribution/Dissemina	ıtion
1	Matthew Manuel					07	13 / 2014	
ŀ	Mailing Address 1392 Lee Street					07	13 2012	
1					Ar	mount		
	City	State	Zip Code				60.	
	Ville Platte	LA	70586		Tra Da	nsaction ID ate of Disbu	D: 20ad6b1a-9e2f-4dcf- irsement or Obligation	-a
	Purpose of Expenditure Salary		Category/ Type	001		07	13 / 2014	
-	Name of Federal Candidate			Support	Office Sc	ought:	House District:	00
	Ms. Mary L Landrieu		X	Oppose	Pre	esident	Senate State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		55514.9	5	Disburser 2014	ment For: Other (sp	Primary	eneral
			_	_				
(8	a) SUBTOTAL of Itemized Independent Expenditures				· • _		61.86	3
(k	b) SUBTOTAL of Unitemized Independent Expenditure	;s						
(0	c) TOTAL Independent Expenditures				•			
W	Inder penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 07	/ 15	2014	
	Signature	_	_					

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Matthew Manuel	07 13 / Y Y Y Y Y Y
Mailing Address 1392 Lee Street	Amount
City State	Zip Code 42.00
Ville Platte LA	70586 Transaction ID : 1de8b7b8-8112-4f4a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	07 13 2014
Mailing Address 1103 West Wilson Street	Amount
City State	Zip Code 75.00
Ville Platte LA	70586 Transaction ID : 438c197c-7488-4511-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	117.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	<b></b>
	litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	lectronically Filed] Date 07 15 2014
Signature	

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ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Michael Vidrine	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	29.10
Ville Platte LA 70586 T	ransaction ID : bebcb0ba-8917-4b35-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General
Full Name of Payee	Other (specify)  Oate of Public Distribution/Dissemination
Mr. Elizabeth Allison	or Public Distribution/Disserningtion
Mailing Address 157 Bishop Drive	Amount
City State Zip Code	14.80
	ransaction ID: 0adf18dc-3754-4ab1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 13 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	43.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	15 2014
Signature	

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OF

Schedule E)	0.1.1 O. 1.1.D.2.1				PAGE 13 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
				M	-M / D D / Y Y Y Y
Check if 24-hour	report X 48-hour re	eport New rep	ort Amends repo	ort filed on	
Full Name of Payer Mr. Elizabet	h Allison				of Public Distribution/Dissemination
Mailing Address <sub>1</sub>	EZ Disk an Daine				07 13 2014
Maining Addition	57 Bisnop Drive			Amou	nt
City		State	Zip Code		3.90
Avondale		LA	70094		action ID: 967a24a8-a2f1-4266-9 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	М	07 13 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	ent X Senate State: LA
Calendar Yea Per Election	r-To-Date for Office Sought		55514.95	Disbursemen 2014 O	t For: Primary
Full Name of Paye				Date	of Public Distribution/Dissemination
Laura Rose I	Porter			IV	07 13 2014
Mailing Address	227 Fairgrounds Road			A	
				Amou	nı
City		State	Zip Code		14.80
Natchitoches		LA	71457	Transa Date	ction ID : fd4314cc-ae8d-46a1-a of Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001	IV	07 13 7 2014
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landri	eu		Oppose	Preside	ent X Senate State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	,	55514.95	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of	Itemized Independent E	xpenditures		• •	18.70
(b) SUBTOTAL of	Unitemized Independen	t Expenditures		· •	
(c) TOTAL Indeper	ndent Expenditures			•	7 1 7 1 7
with, or at the requ		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electron	ically Filed] Date	9 07	15 / 2014
Signature					

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	port Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Darius Beverly		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive		Amount
City State	Zip Code	50.00
Avondale LA	70094	Transaction ID: 0e9b0622-297a-4a4a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	55514.95 Disb 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination
Mailing Address 157 Rishon Drive		07 13 2014
Malling Address 157 Bishop Drive		Amount
City State	Zip Code	50.00
Avondale LA	70064	Transaction ID: 1d49552b-73da-4fdd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 13 / 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	55514.95 Disb 2014	ursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	07 15 2014
Signature		

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OF

Schedule E)	EXI END	TOTILO				PAGE 15 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	И = М	/ D = D / Y = Y = Y
Full Name of Payee Ms. Dinah Beverly					M M	ic Distribution/Dissemination
Mailing Address 157 Bishop Drive				Amor	07 unt	13 2014
City	State	Zip Code				4.50
Avondale	LA	70064				ID: eb5e98c0-7c9a-4683-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	] [	07	13 2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		55514.95		Disburseme 2014		Primary X General pecify) ▶
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Christine Stevens					M M M	13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				Amo		
City	State	Zip Code				60.00
'	VA	22602		<b>Trans</b> Date	action I	D: bba491fc-3ba8-4e52-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		07	13 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Kay Hagan			Oppose	Presid	dent	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156874.7	78	Disburseme 2014		Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				· [		64.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
(c) TOTAL Independent Expenditures				•		7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	o7	15	2014
Signature						

			FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	2		FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	,		C C00530766	
Check if 24-hour report	48-hour report New report	ort Amends report fil	ed on Man / Dan / Yanyay	
Full Name of Payee			Date of Public Distribution/Dissemination	
Nathan Smith			07 13 2014	
Mailing Address 1247 W Mt Co	omfort Rd		Amount	
City	State	Zip Code	20.00	
Fayatteville	AR	Transaction ID : 6d619913-0065-4265-8 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07 / 13 / 2014	
Name of Federal Candidate		Support Off	ice Sought: House District:00	
Mr. Mark L Pryor		X Oppose	President State: AR	
Calendar Year-To-Date Per Election for Office So	ught	18577.19 Dis	sbursement For: Primary	
Full Name of Payee				
Nathan Smith			Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1247 W Mt	Comfort Rd		Amount	
City	State	Zip Code	8.40	
Fayatteville	AR	72703	Transaction ID : f7ac18b9-548e-481d-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support Of	fice Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office So	ught		sbursement For: Primary	
(a) SUBTOTAL of Itemized Inde	ependent Expenditures	·····	28.40	
(b) SUBTOTAL of Unitemized In	ndependent Expenditures	·····		
(c) TOTAL Independent Expend	litures	·····		
	stion of, any candidate or authorized		made in cooperation, consultation, or concert her, or (if the reporting entity is not a political	
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 15 2014	
Signature				

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination
		07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Earlston Ct		Amount
City State	Zip Code	50.00
Knightdale NC	27545	Transaction ID: e76c6ff9-8c3e-453e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 11 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbu 156874.78 2014	ursement For: Primary
Full Name of Payee Andrew Shiver  Mailing Address 110 Earlston Ct		Date of Public Distribution/Dissemination  07 11 2014  Amount
City State	Zip Code	15.60
Knightdale NC	27545	Transaction ID: 8976539d-de7d-41d0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	156874.78 Disbut	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	65.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	958.57
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date □	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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